

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allen Daniels
Attorney & Counselor at Law
1177 West Loop South
Suite 1725
Houston, TX 77027

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x M. Vidaurri

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

M. Vidaurri

C. Date of Delivery

6/29/05

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

2. Article Number: 7001 0360 0003 6676 5299
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

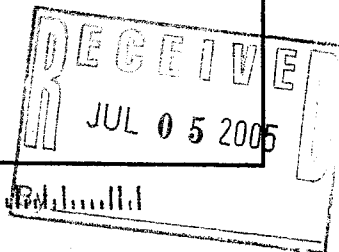
UNITED STATES POSTAL SERVICE



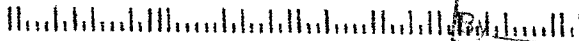
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Barbara Nann
U.S. EPA (6RC-S)
1445 Ross Avenue
Dallas, TX 75202



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